PURPOSE
Regular1
Follow Up
Complaint3
Other4

## **COUNTY OF FAIRFAX** DEPARTMENT OF HEALTH **SWIMMING POOL AND HEALTH SPA INSPECTION REPORT**

Based on an inspection this day, the items circled below identify the violations of <sup>1</sup>Code of the County of Fairfax, Chapter 69.1 <sup>1</sup>Code of the City of Falls Church, Chapter 27.1 Code of the City of Fairfax, Chapter 22. All violations must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the Regulatory Authority on the reverse. A violation of the starred items may result in an order to suspend operations. See page 2 for legal notice of closure when applicable.

City Code	Est. #	Program Code	EHS ID	Date	М	M	D	D	Y	Y	TIME	Н	Н	М	Inspection Time	M	M	M
						þ	•			Ca	1:45							
			58645		0	Į.	6	Q	0	) )	2:15							
ESTAB	LISHMEN	T NAME	703	827-09	89		OPER	ATO	R'S N	IAME	E/POOL MAN	AGEM	ENT C	OMPA	NY			
	Springhill Recreation Center NV Pods, Inc. 703-488800 FAX 703-230-6999																	
ADDRE	SS													* * * * * * * * * * * * * * * * * * * *				
1239 Springfull Rd.						-ean	, VA								ZIP COD	2-00	00	
OWNER NAME/ADDRESS																		
Fartex County Park Anthony Juje Quay, Aquation Myr,																		
r per	A DEDCOMBEL AND CUMENVIOLE																	

#### PERSONNEL AND SUPERVISION

		V	C
*01	Qualified operator present, on premises.	//	
*02	Lifeguards adequate in number, on duty.	7	
*03	C.P.R. certified person on duty.		
04	Licenses, permits, and certificates posted.	//	
05	Required signage posted.		
06	Accurate records kept.		

#### II WATER QUALITY

*07	Disinfectant Residual Adequate (Chemical ) + UKI	122	-	
	Residual: 40 (Main) (Wading) 50 (Spa) (Brown)			
	(Other) (Other) (Other)	1		
*08	Disinfectant level maintained through approved means.			
09	pH maintained at proper level.			
	Readings 7,4 (Main) (Wading) 7,4 (Spa)	/		
	(Other) (Other)			
10	Chemical test kit adequate, reagents supplied	/		
*11	Free of turbidity, debris, algae. No scum/grease line			
*12	Approved water supply, protected, free of cross connections	/		

#### III RECIRCULATION SYSTEM

	, ,
13	Skimmers: Basket, weir, adjustments. Overflow gutters. Water level
14	Filter room cleanliness, ventilation, lighting, drainage.
15	Filter room information placards posted.
16	Hair and lint strainer, cleaned regularly.
*17	Pump and motor properly maintained and operated.
*18	Filter operated, maintained (Type:)
19	Rate of flow indicator: properly installed, maintained.  Readings: (g.p.m.)   150 (Main) (Wading) (Other)
20	Gauges: properly installed, maintained.  Readings: influent \( \sum_{\text{(Main)}} \) (Wading) (Other)  effluent: \( \sum_{\text{vacuum:}} \)
21	Vacuum cleaner approved. Built in ( ) Portable (
22	Returns free flowing, adjustable, properly adjusted Dye test: approved ( ) Disapproved ( ) N/A ( )
E	3. ith Nam pool and spansare capliant

\* Critical Items Requiring Immediate Attention

V= Violation noted and needing corrective action

C= Corrected action taken during inspection

### IV SAFETY AND SAFETY EQUIPMENT

		V	C
*23	Maximum load/usage numbers not exceeded 504		
	Maximum number 274(Pool)(Wading) 1/2 (Other)	r	
24	Enclosure at proper height, non climable, good repair, emergency gate kept clear. Access through bath house		
25	Underwater and deck lighting adequate/properly		+
	installed.		
26	Diving boards, slides, ladders, rails, steps in good repair,		
	secure, properly maintained.		
27	Depth markings legible, properly located.		
28	Lifelines, lane markers, installed and in good repair.		
29	Reaching poles, and rescue tubes provided, positioned		
	and in good repair.		
30	First aid kit provided, adequately supplied.		
31	First aid equipment: backboard w/ straps ()		$\top$
L	blankets and cot ( ), telephone accessible ( ). No.		

#### V. POOL PREMISES

		٧	C
32	Free of hazardous conditions, deck obstructions, metal and glass containers. Drain grates in place.		
33	Food confined to approved, separate dining area.		
34	Decks, coping in good repair, caulked, drained.		
35	White coat, interior finish in good repair, unstained.		
36	Grassed areas fenced, waist high showers at gates.		
37	General cleanliness maintained, approved refuse disposal, animals restricted.		

# VI BATH HOUSES, LOCKER ROOMS, SHOWERS,

T	OILETS, ETC.	C
*38	Adequate facilities, good repair, clean, sanitary, supplied.	
39	Ventilation: rooms free of condensation, odors, fungal growth	
40	Water heater, Anti-scalding devices, installed, adjusted	
41	Water fountains provided, maintained, adjusted	
42	Saunas, steam cabinets, in good repair, clean, disinfected	

and the second s				
Regular Inspection:	Satisfactory (V) Closed	(	)	(See Page 2)

Received by: for the the Environmental Health Specialist: full with the Environmental Health Specialist:

EHC07 3-07

### SWIMMING POOL INSPECTION REPORT CONTINUATION FORM

Page <u>2</u> of <u>7</u>

FAIRFAX COUNTY HEALTH DEPARTMENT DIVISION OF ENVIRONMENTAL HEALTH 10777 MAIN STREET, SUITE 102 FAIRFAX, VA 22030



TELEPHONE (703) 246-8417 FAX (703) 278-8157 TDD (703) 591-6435

4652

Springhill Remeation Center (Fairfax County Park Authority

MO DAY YR

ADDRESS

1239 Springhill Rd. Milian VA 22102-0000

	VIOLATION DESCRIPTIONS/CORRECTIONS
· /	
/	Last Routine Ingration Puned 10/16/2008 Euctrical Bash Jusp. Passed 12/18/2008
×	Man post is implicant with VGB Ait. Has 3 man from 24x34
	with captait grates
D	Spr post is complete to to USD At. Has siggle reconclustion circuit, seved by
	2-12x12 man drains ist complat grates. One is installed in bottom, one
	in a side wall, with greats than 3 fort separation

RECEIVED BY:\_

Rev. 4/05

Malad DAG

INSPECTED BY:\_

Y: MM/ev fold of the ENVIRONMENTAL HEAL

ENVIRONMENTAL HEALTH SPECIALIST
John Vander Voort 703-246-8413